

UNITED STATES DISTRICT COURT

for the

Western District of Washington

Seattle Division

Daniella Katalin Melegh

Case No.

2:23-cv-01458-RAJ

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

The Emily Program

Jury Trial: (check one) ☒ Yes ☐ No

FILED

LODGED

ENTERED

RECEIVED

SEP 18 2023

CR

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

AT SEATTLE
CLERK U.S. DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
BY DEPUTY

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Daniella Katalin Melegh		
Address	100 20th Ave E Apt 10		
	Seattle	WA	98112
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	King		
Telephone Number	2064462225		
E-Mail Address	dkmelegh@comcast.net		

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	The Emily Program Eating Disorder Treatment Program		
Job or Title <i>(if known)</i>			
Address	1700 Westlake Ave N #700		
	Seattle	WA	98109
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	King		
Telephone Number	8883645977		
E-Mail Address <i>(if known)</i>			
	<input checked="" type="checkbox"/> Individual capacity <input type="checkbox"/> Official capacity		

Defendant No. 2

Name			
Job or Title <i>(if known)</i>			
Address			
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County			
Telephone Number			
E-Mail Address <i>(if known)</i>			
	<input type="checkbox"/> Individual capacity <input type="checkbox"/> Official capacity		

Defendant No. 3

Name

Job or Title *(if known)*

Address

City

State

Zip Code

County

Telephone Number

E-Mail Address *(if known)*☐

Individual capacity

☐

Official capacity

Defendant No. 4

Name

Job or Title *(if known)*

Address

City

State

Zip Code

County

Telephone Number

E-Mail Address *(if known)*☐

Individual capacity

☐

Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against *(check all that apply)*:

☐Federal officials (a *Bivens* claim)☐

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?
The events occurred at 1700 Westlake Ave N #700 in Seattle, WA on Floor 7.
- B. What date and approximate time did the events giving rise to your claim(s) occur?
07/16/2023
- C. What are the facts underlying your claim(s)? (*For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)
At 0824 hours, I was sitting inside the first dining room on the 7th floor at The Emily Program. A nutritionist was present in the room, a DBT Therapist, along with several other clients; Cedar, Dean, Madeline, and two others who I do not recall the names; this was my second day in the in person program. Over a year ago, when I joined the virtual program, I relayed the information that I do have disabilities, one of which being Epilepsy. A seizure trigger for me are stimulants, one of which being sugar. July 15, 2023, I entered the in person program for the first day and once again relayed my medical information of the danger of consuming stimulants to the nutritionist (both one on and one and in the dining room - this was the same nutritionist who was present on the 16th of July), the psychiatrist Dr. Lee, and the nurse. This reaction to stimulants is also listed in my chart. The morning of the 16th of July, 2023, I arrived at 0820 and was handed an Orgain drink with a significant amount of sugar. I told the nutritionist I am unable to consume this drink due to my safety, to which the nutritionist turned to the DBT therapist who ordered me to either consume the drink or leave the program. Not a single employee offered me reasonable accommodation. I needed to leave the program due to discrimination against my disability and I no longer felt welcome.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

My eating disorder has worsened significantly. I have trepidation in returning to any eating disorder program and receiving assistance due to the hostility I faced. I suffer flashbacks, shame and my mental health has deteriorated since this discrimination. Due to the reckless actions of these individuals and their lack of foresight and training, I need to spend an undetermined amount of time recovering with an eating disorder exacerbated. My self esteem has dropped as I was ridiculed for not being able to complete a task as a result of my disabilities. The amount of damages these individuals have caused is vast and the pain is even greater.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I need The Emily Program to pay out 210,000 for the severe discrimination I faced due to a disability I cannot change so I may seek out a program who will not discriminate against me and will assist in the healing of my Eating Disorder. I need The Emily Program to pay 88,000 for mental anguish so I may recover and treat my mental health decline due to their behavior. I need The Emily Program to make a formal apology and to never, ever treat anyone the way I have been in their program.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 09/18/2023

Signature of Plaintiff



Printed Name of Plaintiff

Daniella Katalin Melegh

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address